

South Carolina Workers' Compensation Commission

1612 Marion Street • Post Office Box 1715

Columbia, South Carolina 29202-1715

(803) 737-5739

www.wcc.sc.gov



WCC File #: _____

Carrier File #: _____

Carrier Code #: _____

Employer FEIN #: _____

Claimant's Name: _____ SSN: _____ - -

Employer's Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: () - Work Phone: () -

Insurance Carrier: _____

Date of Injury: _____

Preparer's Name: _____ Law Firm: _____ Preparer's Phone #: () -

Date of Injury or Illness: _____**Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:**

1. It is **Admitted / Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:

2. It is **Admitted / Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:

3. It is **Admitted / Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are:

4. It is **Admitted / Denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:

5. It is **Admitted / Denied** notice of injury was given the employer. The reasons for denial are:

6. It is **Admitted / Denied** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:

7. It is **Admitted / Denied** the employee is entitled to temporary total disability for the period(s) of :

8. It is **Admitted / Denied** the employee is permanently disabled. The reasons for denial are:

9. It is **Admitted / Denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ _____ applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:

12. Estimated time needed for hearing: _____

I certify I have served this document pursuant to R.67-212 by delivering a copy to:

Name: _____

Address: _____

on the ____ day of ____, ____ by ☐ first class mail ☐ personal service ☐ certified mail.**I verify the contents of this form are accurate and true to the best of my knowledge.**

Preparer's Signature _____ Title _____ Email _____ Date _____

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Judicial Department. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.